

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/22/2011

FORM APPROVED

OMB NO. 0938-0391

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|---|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155781 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 10/20/2011 | |
| NAME OF PROVIDER OR SUPPLIER MORNINGCREST NURSING AND MEMORY CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 915 S 27 ST SOUTH BEND, IN46615 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K0000 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/20/11</p> <p>Facility Number: 012199 Provider Number: 155781 AIM Number: 200989880</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Morningcrest Nursing and Memory Care center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies</p> | | | K0000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type II (000) construction and was fully sprinklered. The building was constructed in 1983 and remodeled in 2010. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and areas open to the corridors. The facility has a capacity of 32 and had a census of 23 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/25/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |
| K0064 SS=F | <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> | | | | | | |

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| | <p>Based on observation and interview, the facility failed to ensure 6 of 6 portable fire extinguishers were given maintenance at periods not more than one year apart. NFPA 10, the Standard for Portable Fire Extinguishers, in 4-4.1 requires extinguishers shall be subjected to maintenance not more than one year apart or when specifically indicated by a monthly inspection. 4-2.2 defines maintenance as a "thorough check" of the extinguisher. It is intended to give maximum assurance extinguisher will operate effectively and safely. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations made with the maintenance supervisor between 11:40 a.m. and 12:15 p.m., all six extinguishers indicated the last annual inspection occurred in June of 2010. The maintenance supervisor acknowledged at the</p> | | | K0064 | <p>The facility will ensure that portable fire extinguishers are given maintenance at periods not more than on year apart. All fire extinguishers have been inspected and tagged as of 10/24/2011. This deficiency was corrected prior to the survey. All auditing systems have been reviewed to ensure compliance. No deficient practices noted. Audits will completed at least monthly to ensure continued compliance. Results of audits will be forwarded to the QA Committee for the next 3 months or until considered resolved to ensure continued compliance. Request paper compliance to resolve this deficiency.</p> | | 10/31/2011 |

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| | time of observation, the extinguishers were over due for their annual maintenance check by four months. 3.1-19(b) | | | | | | |